## Make Some Noise: A Research-Driven, Performance-Based Approach to Teaching Advocacy

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#### **ABSTRACT**

This article outlines a research-driven, performance-based approach to teaching advocacy in a school health education online or hybrid course, as well as providing guidance on how to adapt to a face-to-face environment. The project is designed for pre-service school health education students at the college/university level. The primary benefit of this project is that it provides a real world application of advocacy. Because students are able to identify their advocacy efforts based on completed research and learn by observing and practicing, they will be engaged in the process and become more confident advocates at the completion of the project.

#### INTRODUCTION

Advocacy is an essential skill for health educators, not only because the profession has the responsibility to "communicate and advocate for health and health education" (NCHEC, 2008. Responsibilities and competencies of health educators section, para. 37), but also those working as school health educators must be able to champion for their positions and for the health of their students (Wiley, 2002). To facilitate this skill, a number of authors have provided assistance; including development of advocacy training strategies and in-class lessons to foster advocacy skills (Birch, 1991; Harris, 2008; Tappe, Galer-Unti, & Radius, 2009; Birch, Wallen, & Chaney, 2011). To date, however, no literature has been provided to aid in the development of school health education

advocacy skills in an online or hybrid environment. With the increasing trend of online learning in higher education (6.7 million college students took at least one online course in 2012), an online advocacy project may be beneficial for instructors who are seeking new ways of converting their face-to-face approaches to an online setting (Blair, 2013).

This article outlines a research-driven, performance-based approach to teaching advocacy in a school health education online or hybrid course, as well as providing guidance on how to adapt to a face-to-face environment. Performance-based projects allow students to apply learning to their everyday lives in order to develop real, usable health knowledge and skills (Michigan Department of Education, n.d.). In accordance with criteria published by the

Michigan Department of Education (n.d) for quality performance-based projects and assessments, this project aligns with the criteria by requiring students to synthesize what they know with what they can do, emphasizing higher-order thinking skills, containing clear criteria, engaging students by focusing on relevant issues, reflecting real world situations, and requiring teachers to provide feedback to students on how to improve performance.

This project can be implemented throughout an entire semester or during part of a semester, but has best results when conducted in conjunction with or following a research project in which students analyze a health issue affecting a local school district/particular school. Researching or becoming familiar with health issues affecting local children immerses health education students in real world situations, which helps make the advocacy strategies become relevant and meaningful.

#### **TEACHING METHOD**

### **Target Audience**

The project is designed for school health education students at the college/university level. While it could be used at any time during a school health education program, students in an upper-level or synthesis course may benefit the most from this type of project because they will be allowed to incorporate concepts learned (e.g. Coordinated School Health Programs, community organizing approaches, research concepts, etc.) earlier in the program. It is well suited for a hybrid or online classroom setting but can also be implemented in a fully face-to-face setting. Both approaches will be shared.

### **Learning Objectives**

By the end of the project, school health education students will be able to: (1) apply advocacy to current research/health issues; (2) determine the most appropriate School Health Advisory Committee (SHAC) to aid in advocacy efforts; (3) research/observe existing advocacy strategies in their local communities; (4) develop and carry-out an advocacy campaign; and (5) apply advocacy knowledge and critical thinking while critiquing classmates' projects.

#### **Materials and Resources**

Students and teachers will need Internet access (optional for face-to-face setting), a webbased discussion forum platform such as Blackboard, LiveText, or Moodle (optional for face-to-face setting), as well as the Project Guidelines (described below) and Grading Rubrics for Parts 1, 2, and 3 (Figures 1-3).

Students will need a working or completed research project identifying health needs of a local student population, access to a school board meeting (either in webcast or in person), and several online resources (see Table 1).

## **TEACHING PROCEDURES**

Procedures for this project are described by the following action steps to be implemented over a semester or part of a semester, in conjunction with a research project on student health needs.

1) Prior to beginning the project, students need to be familiar with the use of web-based discussion forum platforms and guidelines for participating in discussion forums classmates. Face-to-face discussions can also substituted for online discussions. Additionally, students should be immersed in, or have completed, a research project on student health so they can identify their advocacy topic based on student needs/low health outcomes. Further, students engaged in work they perceive as meaningful and useful, with real world application are likely to find themselves invested in the work personally and professionally. (Frey, Schmitt & Allen, 2012; Maina, 2004; Renzulli, Gentry & Reise, 2004). If this isn't possible, the instructor may conduct his/her own research or develop hypothetical research scenarios from which to base the advocacy campaigns. However, the authenticity of this assignment is increased when students engage in their own research that offers "cognitive complexity and intrinsic interest, and [includes] skills and abilities that have value beyond the assignment itself." (Frey et al., 2012, p. 14). The instructor will preview the project directions and grading rubrics with the health education students, and will then preview one or more examples of advocacy campaigns based on research. Examples can be found on the Internet (see Table 2), or the instructor could create an

authentic advocacy campaign to use as an example. A final due date for completion of the advocacy campaign should be at least six weeks after the start date, but instructors are encouraged to set the final due date for a date within the semester that best fits the course schedule. A final due date at the end of the semester will, however, ensure adequate time to develop and implement a quality advocacy campaign. The instructor should work backward from that date to determine due dates for the first two project sections, keeping in mind the timing of the research project if it occurs concurrently with the advocacy project.

2) Each section of the project has an exploratory phase where students are able to access various online resources to learn about the specific advocacy components (i.e. what is advocacy from Community Tool Box: Getting an Advocacy Campaign (University of Kansas, 2013) in part 1-Advocacy Analysis, developing a school health advisory committee Promoting Health and Academic Success Through Collaboration and Partnership (Florida Department of Health, 2012) in part 2-Forming the SHAC, and various advocacy toolkits in part 3-Advocacy Campaign). Additionally, the discussion forum (or in-class discussion), presentation, and advocacy material give the instructor the ability to ensure students are grasping concepts. Further, this gives the instructor the ability to provide feedback to students for strengthening advocacy skills at each phase of the project. Because each part of the project builds upon the last, the instructor should be sure to monitor and evaluate each student's products in a timely fashion to provide constructive feedback before moving on to the subsequent section of the project.

a) Part One, Advocacy Analysis, focuses on general information about advocacy. This thorough analysis requires students to explain what advocacy is, identify an issue requiring advocacy efforts, and examine the environment for advocacy efforts used successfully in the community/district and/or efforts used to advocate for a specific issue. Students are able to help their classmates analyze possible advocacy issues to determine the best-suited issue. After completing their thorough analysis, students are also able to present their findings to classmates and identify exactly what they will be

advocating for. When using this project in a fully online course, instructors might consider using forums such as Google Hangout or Go-To-Meeting for these presentations. In a hybrid or traditional environment, the presentations could be conducted during a face-to-face meeting. A more in-depth description of Advocacy Analysis follows.

Because this performance-based project is based on the topic of advocacy, the student must first become familiar with what advocacy actually is. After reading Community Tool Box: Getting an Advocacy Campaign Off the Ground (University of Kansas, 2013), students will start thinking about their research project and the possible appropriate issues they might want to advocate for. They will describe their advocacy ideas fon the appropriate web-based discussion forum platform] in a discussion forum. When using online discussion forums, the following forum guidelines can be used for assessment purposes. Discussion forums follow a four-phase cycle: (1) during days 1-3 write the initial posting about the assigned topic, and read what other students have written; (2) during days four and five post response comments to at least two other students' threads (offering insightful feedback, challenging their logic, and engaging in a discussion) based on their initial postings (where appropriate, comments should not be opinion based but fact based and include resources, which should be appropriately referenced); (3) on day six read the comments others have made on the initial posting; and (4) on day seven make a final post responding to classmates' feedback and challenges. Students' initial response should include ideas about possible issues to advocate for, supported by research, other data, experience, etc. Response comments should help their classmates think through the issues and determine which issue(s) would be best suited for an advocacy campaign. In a face-to-face session, the instructor might consider placing students in small groups to discuss possible advocacy issues and provide each other with constructive feedback.

When deciding which specific issue to focus advocacy efforts on, students will need to examine the school and community. They should ask a variety of questions and use multiple data sources to get the answers to their questions (see Table 3). Students should do

their best to be as thorough as possible in the analysis to address every analysis category (although some categories/questions may be more relevant to certain projects). In addition, students will need to conduct at least two interviews with key informants (those at their school/in their community who are the gatekeepers to the target group or who may be essential in the advocacy efforts) as part of their analysis. They can present their analysis to the class in a PowerPoint or Prezi presentation that includes analysis results from each category (general, health-risk assessment, and health promotion programs), sources used to obtain results, any barriers to conducting the analysis (sources they had trouble finding/couldn't find). and most important findings of the analysis (How has the analysis influenced advocacy choices? What exactly have they chosen to advocate for?). Instructors should ensure students include their interviews in the presentation.

b) Part Two, Forming the School Health Advisory Committee (SHAC), focuses collaborating and combining advocacy efforts by putting together a SHAC based on the Coordinated School Health framework. One of the roles for SHACs is to advocate for the health of the students. Students will be composing their own SHAC to combine resources and advocacy efforts. When putting together a SHAC, instructors should instruct students to include members from each of the eight Coordinated School Health Program components, and think about who from each component would be the best to include on the SHAC, and why. It's best to provide a list of actual people (e.g. Betty Ross, school nurse and Father Johnson, St. Agnes Catholic Church). Also, students need to provide a rationale for why it is important to have each person and role on the SHAC. They may want to refer to pages 17-24 of Promoting Health and Academic Success Through Partnership (Florida Collaboration and Department of Health, 2012). Additionally, instructors should ensure students' SHAC reflect a balance between health, education, and community members. See Table 4 for SHAC presentation format.

c) Part Three, Advocacy Campaign, focuses on development and implementation of the advocacy campaign. This project requires students to attend, or view an online webcast of, a local school board meeting to become familiar and comfortable with protocol and proceedings and to get tips about how best to advocate in this particular setting. At the meeting students should take notes on who the school board members are, how the school board members react to the agenda items, how others bring up/communicate for their issue (do they bring handouts or use technology, do they use statistics/research to promote their cause, how do they dress, how do they present themselves, how long do they talk, etc.), and what types of communication techniques are most effective with the school board.

Based on observation and notes, students should develop their advocacy strategy and determine how they will advocate for their issue at the next school board meeting. They should decide (1) what their key messages will be; (2) how they will present their key messages; (3) how they will communicate with school board members; and (4) how long their presentation will be. If students plan to present using a PowerPoint, handout, letter, etc., instructors should require them to actually develop this presentation using the forum of their choice. If they plan to speak only, they should develop their talking points/speech on paper. In addition, students may want to utilize these health education advocacy toolkits to help them put together their campaign (see Table 1).

3) Following the project, the instructor might consider guiding students through a self appraisal of their advocacy experience, thus allowing them to reflect on their experience and think about other issues they may be passionate about advocating for as a future or current school health educator (see Table 5 for possible guiding questions).

## ASSESSMENT PROCEDURES AND EVALUATION RUBRIC

Each of the three project components will be assessed using the grading rubrics in Figures 1-3. Providing the rubrics to the students at the beginning of the semester will allow them to clearly understand and adhere to project expectations. Additionally, providing feedback in a timely fashion after each component is completed will help the students start with an accurate understanding of advocacy and a solid

idea from which to develop high quality advocacy efforts.

## **RESULTS**

This project has been implemented twice in School Health Programs and Policies, a required culminating course for school health education students at the authors' institution. Students' advocacy campaigns varied, but the authors observed conditions that seemed to improve the quality of student work. First, those students who focused their advocacy efforts in the school/community where they worked, lived, or studied had higher quality products because they were members of the community and were able to work through obstacles with ease and gain the specific information needed for their advocacy strategies directly from those involved or affected. The authors illustrate this concept in Table 6 (please note that each example provided in Table 6 is an excerpt, not the entire requirement for each assignment component). This in-depth perspective allowed students to gain more meaningful information in Advocacy Analysis and Forming the SHAC, and therefore made their advocacy campaign strong, detailed, and persuasive.

As evidenced in Table 6, students interviewed key stakeholders, identified community liaisons and learned of existing health related programs in the schools. Students were able to devise relevant advocacy efforts for the schools due to their comprehensive approach in an authentic setting. Other students made minimal advancement toward developing relevant, realistic advocacy efforts because of their limited information about key stakeholders, community liaisons and existing programs (See Table 6-Non-Authentic Application). Additionally, the advocacy efforts may make a difference by changing school health policy or improving the health of children in the local communities where students concentrated their efforts. One student, as a result of attending the local school board meeting, knows the Board will follow up her future advocacy statement to the Board with a 'direction of action.' The direction of action usually is a person in the district who can ... assist them...[and] get...[an]...idea of where to go [for next steps]...., (Table 6). Students who tackled this assignment in an authentic manner, that is completing all requirements in a setting where they work or live, are positioned to affect change in health education policy or programs. While students who went through the required assignment without authentic application, completed the assignment but were unlikely to have their efforts affect positive change to health education policy or programs in the community or district.

#### **DISCUSSION**

The primary benefit of this project is that it provides a real world application of advocacy. Because students are able to identify their advocacy efforts based on research and learn by observing and practicing, they will be engaged in the process and become more confident advocates at the completion of the project. The authors suggest the following to ensure students meet this condition: 1) require, or strongly suggest, that the project is connected to an original research study or real life situation/issue the student is experiencing or has experienced and 2) for Advocacy Analysis, require students to generate a list of actual names and titles for those selected for the SHAC in order to increase authenticity and meaningfulness.

Secondly, when students are motivated to champion for the issue and plan to advocate for reasons other than simply the requirements of the course/assignment, quality of final products increases because the authenticity increases (Frey et al., 2012). To meet this condition the authors recommend students be required to document their advocacy efforts or hold an advocacy event so instructors can observe the actual advocacy efforts. Suggestions advocacy events include attending and presenting advocacy campaigns at meetings of Parent Teacher Association/Organization or school board; setting up advocacy campaigns in the lobby or presenting at county Parent Teacher Association conferences, Capitol Hill meetings, Superintendents' conferences, or other local conferences/events; or inviting a local Congressman to campus to watch the students advocate about their issues.

Further, this assignment can aid instructors in educating in an online environment without decreasing rigor or quality of their instruction. Despite the possible distance between instructor

and student, students are able to obtain essential advocacy knowledge and skills through self-guided readings and discussion forums where they interact with each other and participate in cooperative learning. Additionally, they are able to apply their advocacy knowledge and skills in a real life/ authentic situation, which is often a missing component of online assignments.

Whether learning online or in a traditional face-to-face environment, school health educators will continue to need strong advocacy efforts to champion for the profession and for school health, and performance-based, authentic projects such as this will help to provide school health education students with the training and skills necessary to do so.

#### **REFERENCES**

American Public Health Association. (n.d.) Media Advocacy Manual. Retrieved from http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-C33DEC7F5A49/0/ Media Advocacy Manual.pdf

American School Health Association. (2001). Introductory guide to advocacy: Working to improve advocacy for school health education and services. Kent, OH: ASHA. Retrieved from http://www.ashaweb.org/files/public/Introductory\_Guide\_to\_Advocacy.pdf

Birch, D. A. (1991). Helping prospective school health educators develop political advocacy skills. *Journal of School Health, 61,* 176-177.

Birch, D. A., Wallen, M., & Chaney, B. H. (2011). Developing school health education advocacy skills through college personal health courses. *Health Education Teaching Techniques Journal*, 1(1), 82-101.

Blair, B.S. (2013). Babson research study: More than 6.7 million students learning online. Retrieved from http://www.babson.edu/news-events/babson-news/pages/130107-2012-survey-of-online-learning-results.aspx

Community Health Education 240: A Class Project. (2011, May 2). *Drop it n' drive PSA* [Video File]. Retrieved from http://youtu.be/2ZUeCGWn7zk

Dychkowski, L. (n.d.). Building a case. Western Suffolk Boces, Long Island Regional Student Support Services Center. Retrieved from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=0CE8QFjAE&url=http%3A%2F%2Fschoolhealthservicesny.com%2Fuploads%2FBuilding%2520a%2520Case.doc&ei=\_95mUsWIG8XK4AOzloC4BA&usg=AFQjCNHSVSkivvDFR0tFXXfA9tOFQ2qwZA

Florida Department of Health. (2012). *Promoting health and academic success through collaboration and partnership*. Retrieved from http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/ documents/florida-shac-manual.pdf

Frey, B.B., Schmitt, V.L., & Allen, J.P. (2012). Defining Authentic Classroom Assessment. *Practical Assessment, Research & Evaluation*, 17(2), 1-18. Retrieved from http://pareonline.net/getvn.asp?v=17&n=2

Harris, J. (2008). Positive, negative, and interesting: A strategy to teach thinking and promote advocacy. *American Journal of Health Education*, 39(3), 184-186.

Maina, F. W. (2004). Authentic learning: Perspectives from contemporary educators. *Journal of Authentic Learning*, *1*(1), 1-8.

Michigan Department of Education. (n.d.). Performance-based assessment for health education. Retrieved from http://www.michigan.gov/documents/Performanc e-based\_Assessment\_95489\_7.pdf

National Commission for Health Education Credentialing, Inc. (NCHEC). (2008). Responsibilities and Competencies of Health Educators. Retrieved from http://nchec.org/credentialing/responsibilities/

New York State Association for Health, Physical Education, Recreation, and Dance (NYS AHPERD). (2013). New York State's Report Card: Health & Physical Education. Are We Making the Grade? Retrieved from http://www.nysahperd.org/documents/advocacy/NYS%20Report%20Card%20-%20NYS%20AHPERD.pdf

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Renzulli, J. S., Gentry, M., Reis, S. M. (2004). A time and a place for authentic learning. *Educational Leadership*, 62(1), 73-77.

Society for Public Health Education (SOPHE). (n.d.) SOPHE advocacy toolkit. Retrieved from http://www.sophe.org/AdvocacyToolkit.cfm

Tappe, M.K., Galer-Unti, R.A., & Radius, S. (2009). Incorporating advocacy training in professional preparation programs. *American Journal of Health Studies*, *24*(1), 257-265.

University of Kansas. (2013). Community tool box: Getting an advocacy campaign off the ground. Retrieved from:

http://ctb.ku.edu/en/tablecontents/sub\_section\_main\_1196.aspx

Wiley, D.C. (2002). Elementary school health teachers' perspectives on health instruction: A commentary. *American Journal of Health Education*, 33(2), 83-85.

Figure 1. Advocacy Analysis Grading Rubric.

	Unacceptable	Acceptable	Accomplished
Discussion Forum Initial Response	Makes little or no effort to analyze potential advocacy issues.  Not completed, or late.	Uses somewhat developed ideas to analyze potential advocacy issues. Within documented time frame.	Makes significant effort to analyze potential advocacy issues with developed ideas. Within documented time frame.
Discussion Forum Responses to Classmates	Less than two postings; feedback lacked insight/ constructivism. Not completed, or late.	Two or more postings and created responses accordingly; feedback lacked insight/constructivism. Within documented time frame.	Two or more postings and created responses accordingly; provided constructive feedback to classmates, and raised opposing views concerning advocacy issues.  Within documented time frame.
Presentation Thoroughness	Does not include a thorough analysis of any section (General, Health Risk Assessment, Health Promotion Survey); appropriate data sources not used/some relevant sources omitted.	Thorough analysis of two sections (General, Health Risk Assessment, Health Promotion Survey); appropriate data sources used most of the time.	Thorough analysis of results in all sections (General, Health Risk Assessment, Health Promotion Survey); all data sources are appropriate and all relevant sources included.
Presentation Organization and Cohesion	Analysis and interview(s) do not reflect/inform the findings and advocacy issue selection; presentation is not logical in progression.	Analysis and one interview reflect/inform some of the most important findings and advocacy issue selection; presentation is logical in progression.	Analysis and multiple interviews reflect/inform most important findings and advocacy issue selection; presentation is logical in progression.
Presentation Mechanics & Appearance	Many minor and/or major grammatical, spelling, or punctuation errors; presentation is sloppy and unprofessional.	Several minor and/or a few major grammatical, spelling, or punctuation errors; neat and organized; effort taken to prepare a professional presentation.	No or almost no grammatical, spelling or punctuation errors; neat and organized; effort taken to prepare a professional presentation.

Figure 2. Forming SHAC Grading Rubric.

	Unacceptable	Acceptable	Accomplished
Thoroughness	Five or less components of the CSHP are represented in the SHAC.	Six-seven components of the CSHP are represented in the SHAC.	Each component of the CSHP is represented in the SHAC.
Appropriateness	Some SHAC members do not fit into the identified CSHP component; most roles suggested are not appropriate or consistent with advocacy issue/campaign.	Appropriate SHAC members are identified at each CSHP component; roles suggested for most members are appropriate and consistent with advocacy issue/campaign.	Appropriate SHAC members are identified at each CSHP component; roles suggested for each member is appropriate and consistent with advocacy issue/campaign.
Mechanics & Formatting	Many minor and/or major grammatical, spelling, or punctuation errors; does not follow formatting presented in assignment.	few major grammatical, spelling, or punctuation errors; neat and grammatical, spel punctuation errors and organized; fol	

Figure 3. Advocacy Campaign Grading Rubric.

	Unacceptable	Acceptable	Accomplished
Strategy Thoroughness	Strategy chosen is not consistent with school board meeting observation; key messages are not appropriate.	Strategy chosen is consistent with school board meeting observation; some relevant key messages are included.	Strategy chosen is consistent with school board meeting observation; all relevant key messages are included.
Strategy Effectiveness	Key messages are not persuasive, researchdriven, efficient (K.I.S.S.); length and presentation mode may not be appropriate to target audience and venue.	Key messages are persuasive, researchdriven, efficient (K.I.S.S.); length and presentation mode may not be appropriate to target audience and venue.	Key messages are persuasive, researchdriven, efficient (K.I.S.S.); length and presentation mode are appropriate to target audience and venue.
Strategy Mechanics & Appearance	Many minor and/or major grammatical, spelling, or punctuation errors; strategy is not professional or persuasive.	Several minor and/or a few major grammatical, spelling, or punctuation errors; neat and organized; effort taken to prepare a professional, persuasive advocacy strategy.	No or almost no grammatical, spelling or punctuation errors; neat and organized; effort taken to prepare a professional, persuasive advocacy strategy.

Table 1. Online Resources/Readings.

Resource Name	URL to Access
Community Tool Box:	http://ctb.ku.edu/en/tablecontents/sub_section_main_1196.aspx
Getting an Advocacy	
Campaign off the Ground	
Promoting Health and	http://www.floridahealth.gov/healthy-people-and-families/childrens-
Academic Success	health/school-health/_documents/florida-shac-manual.pdf
through Collaboration and	
Partnership	
Society for Public Health	http://www.sophe.org/AdvocacyToolkit.cfm
Education's Advocacy	
Toolkit	
American Public Health	http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-
Association's Media	C33DEC7F5A49/0/Media_Advocacy_Manual.pdf
Advocacy Manual	
American School Health	http://www.ashaweb.org/files/public/Introductory_Guide_to_Advocacy.pdf
Association's Introductory	
Guide to Advocacy	

**Table 2. Sample Advocacy Campaigns.** 

Advocacy	Health Issue	URL
Туре		
PSA	Texting and	http://youtu.be/2ZUeCGWn7zk (Community Health Education 240:
	Driving	A Class Project, 2011)
Talking Points	Advocating for a School Nurse	http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=0CE8QFjAE&url=http%3A%2F%2Fschoolhealthservices
		ny.com%2Fuploads%2FBuilding%2520a%2520Case.doc&ei=_95 mUsWIG8XK4AOzloC4BA&usg=AFQjCNHSVSkivvDFR0tFXXfA9t
		OFQ2qwZA_(Dychkowski, n.d.)

Table 3. Advocacy Analysis Examination Questions and Data Sources.

Analysis Categories & Questions	Possible Data Sources
General: What are the geographic features? What are its unique concerns/agendas?	School/district report cards Census data Current events (news)
Health-risk assessment: What are the levels of health & disability? What are the behavioral, social, & environmental risks to the population or special sub-groups (your students)?	State Department of Health Youth Risk Behavior Surveillance Survey data School/district report cards
Health promotion survey: What programs, resources, skills, & provider groups already exist (and identify the key people)? What is the current level of participation of these groups to address the issue? What possibilities exist for collaboration?	School/district website Community website Interviews

**Table 4. Forming the SHAC Presentation Format.** 

CSHP Component	Person	Rationale for including	Role in the SHAC
Community	Father Johnson, priest at St. Agnes Catholic Church	The primary religion of the families at my school is Catholic and there are many events for children and families organized at the church, so Father Johnson at St. Agnes Catholic Church will be able to communicate about the issue with the families and serve as a powerful influence on their lives.	Father Johnson will serve as liaison between community and school, specifically the church.

## Table 5. Advocacy Self-Evaluation Questions.

## Possible guiding questions:

What was most challenging about the advocacy process?

How might you overcome that challenge next time?

What can you do to continue your advocacy efforts on this topic?

What other issues are you passionate about related to school health, or what frustrates or concerns you about school health education?

Table 6. Excerpts from Student Work.

	Authentic Application	Non-Authentic Application
Advocacy Analysis	Student L wrote "The school district provides many special services [for general population and students with special needs]. For needs that cannot be met within the district's programs they utilize BOCES programs and other neighboring schools. The district provides mental health services. The school district's health department mandates health education for 7 <sup>th</sup> 8 <sup>th</sup> and 10 <sup>th</sup> graders. [F]amily connection by Naviance is provided The school district also sponsors peer leadership programs, Challenge Day, SADD groups anti-bullying workshops and assemblies like Ryan's Story. There are community building workshops, collaboration with the Life-Enrichment Center and Senior Center There [is] the prom night mandated workshops for students and parents. All of this information I received from my interviews with [name] social worker, and [name] guidance counselor, and from the [name] School District website."	Student C wrote "There were difficulties finding information on the unique concerns or agendas; many times information such as social indicators or economic and social service information is not revealed to ensure the reputation of theSchool District and township.  Unfortunately, it was not possible to find exact numbers for the population of [Township] but it is not common to find these risk factors affecting this communityMy teacher mentor stated some programs, resources and provider groupsexist in [Township] such as HIV/AIDS Peer Education Program through [a local hospital peer education program],LGBT Alliance to raise awarenessHealth and Wellness Committee, the School Board, school nurse, health and physical education teachers, administrators, school psychologist, guidance counselors and teachers who run the after school programs I could not find out how many students exactly are involved in these activities but my teacher mentor had said that many students get involved with these programs for the love of it and it looks great on a college resume."
Forming SHAC	Student J: Community Rationale: "The school is a Catholic Education building, where each student is taught bade [based] on the Catholic Religion. The Pastor oversees every aspect of the school and church community."  Student B: PE Rationale: "[Name] is not only a teacher; she is the coordinator of HED and PED as	Student C: Physical Education Rationale: "The physical education teacher is responsible for educating the students on healthy behaviors regarding activity; is also an important part of the general school health."  Community Rationale: "Many local business owners live in the area and their children go to the local schools; these people have an understanding of the problems and goals of

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well as the Athletic Director, and also a coach at the school. She is seen throughout the school and community on different levels. She is well respected by school administration and families. She is always trying to make her students' lives healthier and better and she speaks very well through her experiences."

Social Worker Rationale: "As the social worker, students feel comfortable coming to [Name] to talk about their personal issues. Her job is to look out for the students and do what's best for them."

the school district and can promote a positive image for the school."

Social Worker Rationale: "The school psychologist has the best intentions for the students, and they can help reduce risk factors and increase protective factors. They can increase the quality of mental health care in the schools and can provide parents with mental health recommendations; can also improve parent/school/student communication."

## Advocacy Campaign

Student J wrote "When I attended a [township] Board Meeting the atmosphere was very friendly and welcoming which I was not necessarily expecting....Normally when the Board allows the public to speak about proposed ideas or programs they will follow up the statement with a 'direction of action.' The direction of action usually is a person in the district who can ... assist them...[and] get...[an]...idea of where to go [for next steps]....Most of the presenters or community members communicate...via handouts or just verbal expression. There's [sic] only 3 minutes allotted for presentations of ideas for each person so the speech needs to be short and effective..."

Student C wrote "I will speak to the school board about my advocacy idea and the presentation will be about 5-7 minutes long. My key message(s) will be:

- Academics are very important to the [Township] School District and so much emphasis is placed on getting good grades in order to go to the best colleges.
- ... There are [sic] and overwhelming percentage of students who successfully enroll in and complete university-level courses and earn college credits before they graduate from high school....
- · With all these advanced placements and so much pressure put on students to get the best grades so they can get into the most prestigious colleges; stress can be an issue that many teens face. . . .
- · We can't eliminate stress altogether, but let's focus on how to teach the students to better handle it. Yoga has been proven to reduce stress, anxiety and depression."